

## WIRELESS COMMUNICATION FACILITIES INFORMATION

### PROCEDURE OVERVIEW

The requirements of a Wireless Communications Facility (WCF) Permit pertain to all forms of antenna or building mounted facilities designed and constructed to receive or transmit radio frequency signals carrying wireless communications including primarily, but not limited to, cell phone service and communications to other wireless devices as defined in the Covington Municipal Code.

### I. APPLICATION TYPE

The procedure for reviewing Wireless Communications Facility (WCF) is dependant on the Type of review required for the proposal. Applications that meet the requirements for a Type 2 or 3 review will following the outlined procedure. If the proposal meets the requirements for a Type 1 review, then a standard building permit is required. Please note under the submittal requirements additional information that is required for a Type 1 review.

**Type of Permit Required Based on Type of Wireless Communication (WC) Facility<sup>(3)</sup>**

Type of WC Facility <sup>(3)</sup>	Zoning		
	Residential	Commercial	Resource / Industrial
	R-4, R-6, R-8, R-18	CC, GC, NC, TC, MC, MHO	M, I
Transmission tower collocation	Type 1	Type 1	Type 1
Adding antennas to an existing tower	Type 1 <sup>(1)</sup>	Type 1 <sup>(1)</sup>	Type 1 <sup>(1)</sup>
Utility pole collocation	Type 2	Type 2	Type 2
Concealed building attached	Type 2 <sup>(2)</sup>	Type 2 <sup>(2)</sup>	Type 1
Nonconcealed building attached	Type 2	Type 2	Type 1
New tower or height modification request	Type 3	Type 3	Type 3

#### Notes:

(1) Provided, that the height of the tower does not increase and the square footage of the enclosure does not increase. If the enclosure area is increased it shall be a Type 2 review.(2) An applicant may request to install a nonconcealed building-attached facility under CMC 18.70.110.(3) In the event of uncertainty on the type of wireless facility, the Director shall have the authority to determine how a proposed facility is incorporated into Table 18.70.040(2) and the type of permit required.

### II. PRE-APPLICATION MEETING

A pre-application meeting shall occur before a Type 2 or a Type 3 Wireless Communications Facility (WCF) Application is submitted. The intent of the pre-application meeting is to provide the applicant comments to the preliminary design of the project.

### III. PLAN REVIEW & ACCEPTANCE

After a successful pre-application meeting, applicants may submit a formal Wireless Communications Facility (WCF) Application. Within 28 days of receiving the application, Department staff will determine if it is complete. If the application is deemed complete, the City will notify the applicant in writing along with instructions for public noticing. If not, the applicant will be contacted to provide additional information. Staff may conduct an environmental analysis of the project if subject to the requirements of the State Environmental Policy Act (SEPA). After staff review, a report with recommendations is prepared and forwarded to the Director or the Hearing Examiner, for a final decision.

## WIRELESS COMMUNICATION FACILITIES CHECKLIST

<b>STAFF USE ONLY</b>	Project Number: _____	Application Date: _____
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The materials listed below must be submitted with your application unless specifically waived in writing by the Department. Please contact the Department if you feel certain items are not applicable to your project and should be waived. Staff review will not begin until the application is determined to be complete. All applicants must have a pre-application meeting.

The initial application materials start project review and vest the applicant's rights. However, they in no way limit the City's ability to require additional information as needed to establish consistency with development standards.

Department staff is available to answer questions about application materials at (253) 480-2400.

### RETURN THIS CHECKLIST WITH YOUR APPLICATION

#### SUBMITTAL REQUIREMENTS:

**Type 1 Applications shall follow the submittal plan dimensions and requirements associated with the building permit application in addition to the additional information required as part of the WCF application outlined in this checklist.**

#### PLAN DIMENSIONS AND NUMBER REQUIRED: (Type 2 and Type 3 applications only)

- ☐ 2 sets of 24 x 36
- ☐ 5 sets of 11 x 17
- ☐ One set of 8½ x 11
- ☐ 21 sets of 11 x 17 site plan only

#### Plans shall include the following:

- ☐ A vicinity map showing location of the site.
- ☐ Preliminary Surveyed Plan, drawn to a 1" to 20' or 1" to 30' scale, with the following information:  
*(Use several sheets on one plat base map if necessary to clearly convey the information)*
  - ◇ North Arrow, graphic scale, date and stamp of the licensed land surveyor
  - ◇ Location of existing (dashed lines) and proposed (solid lines) property lines and easements
  - ◇ Location of existing structures with setbacks
  - ◇ Existing and proposed utilities easements; clearly identify what is proposed and what is existing; provide documentation of existing easement
  - ◇ Location of any existing or proposed public trails, parks or other permanent open space on or adjacent to the site
  - ◇ Existing significant trees (over 6" dbh) by species (if trees are proposed to be removed)
  - ◇ Boundary lines of adjacent lands, whether subdivided or not, indicated by dotted lines for a distance of no less than 300 feet from the external boundary of the subject property; include the adjacent property zoning

## WIRELESS COMMUNICATION FACILITIES CHECKLIST

### CHECKLIST (CONTINUED)

- ◇ Topographical plan showing existing and proposed contours at 2-foot intervals for critical areas and their buffers
- Other information using the preliminary plan as a base map:
  - ◇ Location and classification of any watercourses, wetlands or other critical areas
  - ◇ Existing and proposed grades at 2-foot intervals, with slopes in excess of 20% to be clearly identified; all contours shall extend at least 50 feet beyond the subject property

#### **Type 1**

- Written description outlining the proposed project and an evaluation of how the proposal meets the City's code requirements.
- Applicants who are not the property owner of record of the land and/or structure on which a wireless communication facility is to be located are required to have the application cosigned by the property owner(s) and provide a signed statement by the property owner(s) and/or building or structure owner(s) (if different) authorizing the submittal of the application by the applicant.
- Plan sets prepared by a design professional that include a vicinity map, site map, architectural elevations, method of attachment, proposed screening, location of proposed antennas, and all other information which accurately depicts the proposed project and existing conditions or as otherwise determined necessary by the Director.
- Written statement from a radio frequency engineer that demonstrates that the facility meets the Federal Communications Commission requirements for allowed radio frequency emissions.
- A vicinity map depicting the proposed extent of the service area.
- Critical areas study and proposed mitigation (if required).
- If an outdoor generator is proposed, a report prepared by an acoustical engineer demonstrating compliance with Chapter 8.20 CMC, Noise Control.
- SEPA Application (if required).

#### **Type 2** The applicant shall submit all information required for a Type 1 application, plus the following:

- Photo simulations that depict the existing and proposed view of the proposed facility.
- Data sheet depicting the materials, textures, and colors proposed for use.
- Landscaping plan prepared by a Washington State-licensed landscape architect (if required).
- Service coverage area map (radio frequency (RF) modeling).
- If the facility is located within a residential zone, a report from a radio frequency engineer explaining the need for the proposed wireless communication facility. Additionally, the applicant shall provide detailed discussions on why the wireless communication facility cannot be located within a commercial or industrial/resource zone.
- **Four (4) sets of mailing labels in 3-column format and electronic database or spreadsheet format file of all property owners within 500 feet of the subject property.**

## WIRELESS COMMUNICATION FACILITIES CHECKLIST

### CHECKLIST (CONTINUED)

**Type 3** Applicant shall submit all information required for Type 1 & 2 applications, plus the following:

- ☐ All information required for new towers under CMC 18.70.130 and 18.70.140.
- ☐ All information required for a height modification or setback modification request under CMC 18.70.150 and 18.70.160 respectively (if applicable).
- ☐ The radio frequency engineer report shall include a discussion of the information required under CMC 18.70.050. The report shall also explain why a tower must be used instead of any of the other location options outlined in the table on the first page of this packet.
- ☐ Engineering plans for the proposed tower, including a letter of certification by a licensed engineer that the proposed height and equipment comply with the requirements of this section.
- ☐ Evidence that the tower has been designed to meet the minimum structural standards for wireless communication facilities for a minimum of three providers of voice, video, or data transmission services, including the applicant, and including a description of the number and types of antennas the tower can accommodate.
- ☐ A graphic simulation showing the appearance of the proposed tower and ancillary structures and ancillary facilities from five points within the impacted vicinity. Such points are to be mutually agreed upon by the Director and applicant. All plans and photo simulations shall included the maximum build-out of the proposed facility.
- ☐ Evidence of compliance with Federal Aviation Administration standards for height and lighting and certificates of compliance from all affected agencies. (Ord. 09-12 § 1 (Exh. A))



**CITY OF COVINGTON**  
**Community Development Department**  
 16720 SE 271st Street • Suite 100 • Covington, WA 98042  
 Phone: (253) 480-2400 • Fax: (253) 480-2401  
 www.covingtonwa.gov

## WIRELESS COMMUNICATION FACILITIES APPLICATION

<b>STAFF USE ONLY</b>	Project Number: _____ Application Date: _____
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<b>NAME OF PROJECT/DEVELOPMENT:</b> _____
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<b>LOCATION OF PROJECT/DEVELOPMENT:</b> <i>Give street address or, if vacant, indicate lot(s), block, and subdivision OR tax lot number, access street and nearest intersection. If proposal applies to several parcels, list the streets bounding the area.</i>  ADDRESS: _____  ASSESSOR'S PARCEL NUMBER(S): _____  LEGAL DESCRIPTION(S): _____  _____  Quarter _____ Section _____ Township _____ Range _____ <i>(This information is on your tax statement.)</i>
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<b>PRIMARY CONTACT PERSON</b> <span style="float: right;"><input type="checkbox"/> Applicant</span> <i>Main contact regarding application, to whom all notices and reports shall be sent.</i> Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____ Signature: _____	<b>PROPERTY OWNER</b> <span style="float: right;"><input type="checkbox"/> Applicant</span> <i>Legal owner as indicated on Property Owner Declaration. Attach a list of any additional property owners with the following information.</i> Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____ Signature: _____
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<b>ENGINEER</b> <span style="float: right;"><input type="checkbox"/> Applicant</span> Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____	<b>CONSULTANT</b> <span style="float: right;"><input type="checkbox"/> Applicant</span> Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____
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<b>PROJECT DETAILS</b>			
Total site area		Total area constrained by critical areas	Submerged: _____ Associated Buffer: _____ Other: _____
Area of Equipment Enclosure		No. of parking stalls	



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## AUTHORIZATION TO ENTER PREMISES

<b>STAFF USE ONLY</b>	Permit/Project Number: _____	Application Date: _____
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Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Project Address: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

This authorization to enter premises is hereby granted to the City of Covington, its successors, and assigns for the purpose of conducting field investigations, inspections, studies, surveys, and other activities as deemed necessary by the City of Covington, its successors, and assigns in connection with review of an application for development on the project site noted above made before the City of Covington. This authorization expires: \_\_\_\_\_.

\_\_\_\_\_  
*Property Owner Signature* *Date*

Printed Name: \_\_\_\_\_

State of Washington }  
County of King } ss.

I certify that I know or have seen satisfactory evidence that \_\_\_\_\_ (Property Owner) signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary Public in and for the State of Washington

My appointment expires: \_\_\_\_\_

(Notary Seal or Stamp)

\_\_\_\_\_  
*Property Owner Signature* *Date*

Printed Name: \_\_\_\_\_

State of Washington }  
County of King } ss.

I certify that I know or have seen satisfactory evidence that \_\_\_\_\_ (Property Owner) signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary Public in and for the State of Washington

My appointment expires: \_\_\_\_\_

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## PROPERTY OWNER DECLARATION

<b>STAFF USE ONLY</b>	Permit/Project Number: _____ Application Date: _____
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I/We make the following statements based upon personal knowledge:

1. I am/We are the current owner(s) of the following parcel number(s) that is/are the subject of this application, including all rights-of-way, easements, or other property ownerships which are necessary to fulfill the requirements of the application: \_\_\_\_\_
2. All statements contained in the application are true and correct to the best of my/our knowledge.
3. The application is being submitted with my/our knowledge and consent.

I/We declare under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
City State

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone Number

State of Washington }  
County of King } ss.

I certify that I know or have seen satisfactory evidence that \_\_\_\_\_ (Property Owner) signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Notary Public in and for the State of Washington  
My appointment expires: \_\_\_\_\_  
(Notary Seal or Stamp)

State of Washington }  
County of King } ss.

I certify that I know or have seen satisfactory evidence that \_\_\_\_\_ (Property Owner) signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Notary Public in and for the State of Washington  
My appointment expires: \_\_\_\_\_  
(Notary Seal or Stamp)

***Use additional pages as needed for all property owner signatures.***



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## CRITICAL AREA DECLARATION

<b>STAFF USE ONLY</b>	Permit/Project Number: _____ Application Date: _____
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I/We make the following statement based upon personal knowledge (check one):

☐ There are critical areas on the following parcel number(s) that is/are the subject of this application:

\_\_\_\_\_

☐ There are no critical areas on the following parcel number(s) that is/are the subject of this application: \_\_\_\_\_

I/We declare under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.

City

State

Signature

Print Name

Address

Phone Number

Signature

Print Name

Address

Phone Number

State of Washington }  
County of King } ss.

I certify that I know or have seen satisfactory evidence that \_\_\_\_\_ (Property Owner) signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary Public in and for the State of Washington

My appointment expires: \_\_\_\_\_

(Notary Seal or Stamp)

State of Washington }  
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I certify that I know or have seen satisfactory evidence that \_\_\_\_\_ (Property Owner) signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary Public in and for the State of Washington

My appointment expires: \_\_\_\_\_

(Notary Seal or Stamp)

***Use additional pages as needed for all property owner signatures.***